

STATEMENT OF

PAGE 1/5 = RECEIVED

FORM 1	ORGANIZATION						2015 FEB 23 AM 8: 39			
NAME OF COMMITTEE (in	n full)		Check if names changed)		mple:If typing the lines.	g, type	12FF	4M5		
Fighting for	Ohio	Fund			<u> </u>		L_L_L	<u> </u>		
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		Alexandr	ia !		1 1 1 1		STATE	J L_	313 	P CODE A
COMMITTEE'S E-MA	AIL ADDRES	ss								
(Check if address is changed)		cmarst	on@nrrepor	rts.net			1 1 1	11.	<u> </u>	
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COMMITTEE'S WEB	, PAGE ADD	RESS (U	RL)		•		•			•
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2. DATE 0	/ O 18	· [7]	2015							
3. FEC IDENTIFIC	CATION NU	IMBER Þ	. [
4. IS THIS STATE	MENT 🗵	NEW	(N) O	R [AMENI	DED (A)				
I certify that I have	examined th	is Stateme	ent and to the	best of my	knowledge a	nd belief it	t is true,	correct ar	id complete	! .
Type or Print Name	of Treasurer	Christop	her M Marston	A						
Signature of Treasure	er <i>Christ</i>	opheram Mo	rstoff. C				Date	02	18	2015
NOTE: Submission of			omplete inform						e penalties	of 2 U.S.C. §437g.
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